

Missouri Ethics Commission (MEC)

PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov

Missouri Ethics Commission OCT 2 1 2016

Statement of Committee Organization

1.	Statement Information		
	Date: 10/15/2016		
	Type: New Amended (if amending, enter MEC ID C000984 & section changed 3		
2.	Committee Information Jefferson County Democratic Central Committee		
	#4 Main Street Festus, MO. 63028		, 636 \ 9339466
	Committee Mailing Address, City, State, & Zip		Telephone Number
		Wes Wagner Jeffe	•
County Clerk or Board of Election			issioners
	Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party		
3.	Treasurer/Deputy Treasurer Information		A
	Mike Price		
	Treasurer's Name (First & Last)	, 636 \ 4640968	N/A
	1110 Nelda Drive Imperial MO 63052 Treasurer's Mailing Address, City, State, & Zip	Treasurer's Home Telephone Number	Treasurer's Work Telephone Number
	N/A		
	Deputy Treasurer's Name (if one appointed)	Deputy Treasurer's Email Address (option	nal)
		()	()
	Deputy Treasurer's Mailing Address, City, State, & Zip	Dep. Treasurer's Home Telephone Numi	Dep. Treasurer's Work Telephone Number
4.	Additional Committee Information		·
	Linda K Schilly Chairperson	313 Jefferson Ave.	Crystal City MO. 63019
	Additional Committee Officer's Name & Title (if any)	Additional Committee Officer's Mailing	Address, City, State, & Zip
	N/A		
	Connected Organization's Name (if any)	Connected Organization's Mailing Addre	
_	CANDIDATES: Do you have more than one candidate committee?	☐ Yes (refer to instructions	on back) 🗌 No
5.	Official Bank Account Information (required by all committees)		
6.	Candidate Supported or Opposed (candidate committees must in	iclude self, if candidate)	
	N/A	Telephone Number (Candidate Committe	Control
	Name & Malling Addres City, State State City, State Ci	relephone radiiber (candidate committe	ees Orny,
	Election Date Office Sought & Political Subdivision	Political Party	Support or Oppose
7.	Ballot Measure Supported or Opposed (campaign committees mu	ist complete this section	
٠.	N/A	ast complete this section,	
	Name of Ballot Measure	Election Date & Political Subdivision	Support or Oppose
8.	Signature(s) Check certification(s) & sign (required by all commi	tiees)	
■ I affirm and attest under penalty of perjury that information and facts in this report are complete, true, and accur			anlata true and accurate 1
	further acknowledge that I am aware that any false statement or d		
/	1/1/(1.6)	N/A	
	Committee Treasurer	Candidate (Candidate Committees Only)	